

RESIDENTIAL WATER USE SURVEY

To help your water utility to better plan for future water needs, please answer each of the following questions. This information is being collected for research purposes and your individual information will be kept strictly confidential. Results of this study will be reported only in anonymous summary form. Thank you for taking the time to help us with this important research.

PLEASE CHECK (✓) OR PROVIDE YOUR MOST APPROPRIATE RESPONSE FOR EACH AND EVERY QUESTION. When you have answered all of the questions, please see the back page for instructions about returning this questionnaire. Thank you.

1. Indicate how many of the following types of water-using appliances or fixtures you have in or around your home.

- | | | | | | | | | |
|--|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|------------------------------------|
| a. Toilets | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 or more |
| b. Bathtub with shower | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 or more |
| c. Bathtub only | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 or more |
| d. Shower only | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 or more |
| e. Whirlpool bathtub with jets | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 or more |
| f. Bathroom sink | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 or more |
| g. Kitchen faucet | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 or more |
| h. Indoor utility/garage sink | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 or more |

2. Do you have any of the following types of water-using appliances, fixtures, or purposes in or around your home?

- | | | |
|---|-----------------------------|------------------------------|
| a. Garbage disposal | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| b. Top-loading clothes washing machine | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| c. Front-loading clothes washing machine | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| d. Dishwashing machine | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| e. Swimming pool (in ground or above ground) | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| f. Free-standing hot tub with jets | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| g. Evaporative/swamp cooler | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| h. Pressure regulator on main house service line | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| i. Home water treatment system attached to water system
or faucet (like a water softener or reverse osmosis) | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| j. Greenhouse | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| k. Flower garden (seasonal) | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| l. Vegetable garden (seasonal) | <input type="checkbox"/> No | <input type="checkbox"/> Yes |

Your Answers are Important to us! Please Continue.

3. Do you have any water-using appliances and fixtures that were not listed in Questions 1 and 2 on Page 1?

No Yes

3a. If yes, please specify: _____

4. If your home has a clothes washing machine, please specify the year the appliance was manufactured or purchased and the brand name of the appliance.

No clothes washer [0] _____ Year _____ Brand Name

5. If your home has a dishwasher, please specify the year the appliance was manufactured or purchased and the brand name of the appliance.

No dishwasher [0] _____ Year _____ Brand Name

6. On average, about how many times each week is a **LOAD OF DISHES HAND WASHED** in your household?

0 [0] 3-4 [2] 7-8 [4] 11-12 [6] More than 14 [8]
 1-2 [1] 5-6 [3] 9-10 [5] 13-14 [7] Don't know [99]

7. How many of the showers in your home have low-flow (water conserving) showerheads?

0 1 2 3 4 or more Don't know [99]

8. How many of the toilets in your home are ultra-low-flush toilets (1.6 gallons per flush)?

0 1 2 3 4 or more Don't know [99]

9. Please indicate the approximate total lot (parcel) area of your residence (both in and around your home).

1 acre = 43,560 square feet; ¾ acre = 32,670 sq. ft.; ½ acre = 21,780 sq. ft.; ¼ acre = 10,890 sq. ft.

Less than 2,000 sq. ft. [1] 10,000 - 11,999 sq. ft. [6] 20,000 - 24,999 sq. ft. [11]
 2,000 - 3,999 sq. ft. [2] 12,000 - 13,999 sq. ft. [7] 25,000 - 29,999 sq. ft. [12]
 4,000 - 5,999 sq. ft. [3] 14,000 - 15,999 sq. ft. [8] 30,000 - 34,999 sq. ft. [13]
 6,000 - 7,999 sq. ft. [4] 16,000 - 17,999 sq. ft. [9] 35,000 - 39,999 sq. ft. [14]
 8,000 - 9,999 sq. ft. [5] 18,000 - 19,999 sq. ft. [10] 40,000 sq. ft. or greater [15]
 Don't know [99]

10. What percent (%) of your total lot area is landscape? (Note: Whereas the total lot area includes the house, driveway, and all surrounding grounds, the landscape area is only that area which may be covered with grasses, trees, shrubs, flower beds, etc.)

_____ % No landscape area [0] Don't know [99]

11. What portion of your landscape area is the lawn area?
- | | | |
|---|---------------------------------------|--|
| <input type="checkbox"/> No lawn area [0] | <input type="checkbox"/> 31 - 40% [4] | <input type="checkbox"/> 71 - 80% [8] |
| <input type="checkbox"/> 1 - 10% [1] | <input type="checkbox"/> 41 - 50% [5] | <input type="checkbox"/> 81 - 90% [9] |
| <input type="checkbox"/> 11 - 20% [2] | <input type="checkbox"/> 51 - 60% [6] | <input type="checkbox"/> 91 - 100% [10] |
| <input type="checkbox"/> 21 - 30% [3] | <input type="checkbox"/> 61 - 70% [7] | <input type="checkbox"/> Don't know [99] |
12. When you do water (irrigate) your landscape, what percent of your landscape area do you typically tend to water?
- | | | |
|---------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> None [0] | <input type="checkbox"/> 31 - 40% [4] | <input type="checkbox"/> 71 - 80% [8] |
| <input type="checkbox"/> 1 - 10% [1] | <input type="checkbox"/> 41 - 50% [5] | <input type="checkbox"/> 81 - 90% [9] |
| <input type="checkbox"/> 11 - 20% [2] | <input type="checkbox"/> 51 - 60% [6] | <input type="checkbox"/> 91 - 100% [10] |
| <input type="checkbox"/> 21 - 30% [3] | <input type="checkbox"/> 61 - 70% [7] | <input type="checkbox"/> Don't know [99] |
13. During the winter months of the year (generally December - February), how many days each week do you typically water any part of your landscape?
- | | | |
|--|--|---|
| <input type="checkbox"/> None [0] | <input type="checkbox"/> 1 day/week [4] | <input type="checkbox"/> 5 days/week [8] |
| <input type="checkbox"/> Less than 2 times per month [1] | <input type="checkbox"/> 2 days/week [5] | <input type="checkbox"/> 6 days/week [9] |
| <input type="checkbox"/> A few times per month [2] | <input type="checkbox"/> 3 days/week [6] | <input type="checkbox"/> 7 days/week [10] |
| <input type="checkbox"/> Less than 1 day/week [3] | <input type="checkbox"/> 4 days/week [7] | <input type="checkbox"/> Don't know [99] |
14. During the summer months of the year (generally June - August), how many days each week do you typically water any part of your landscape?
- | | | |
|--|--|---|
| <input type="checkbox"/> None [0] | <input type="checkbox"/> 1 day/week [4] | <input type="checkbox"/> 5 days/week [8] |
| <input type="checkbox"/> Less than 2 times per month [1] | <input type="checkbox"/> 2 days/week [5] | <input type="checkbox"/> 6 days/week [9] |
| <input type="checkbox"/> A few times per month [2] | <input type="checkbox"/> 3 days/week [6] | <input type="checkbox"/> 7 days/week [10] |
| <input type="checkbox"/> Less than 1 day/week [3] | <input type="checkbox"/> 4 days/week [7] | <input type="checkbox"/> Don't know [99] |
15. In addition to the water purchased from your water utility, do you use any of the following sources of water for your outdoor water needs?
- | | |
|--|---|
| <input type="checkbox"/> No additional sources of water used [1] | <input type="checkbox"/> Well water [4] |
| <input type="checkbox"/> Canal/ditch [2] | <input type="checkbox"/> Stream/river [5] |
| <input type="checkbox"/> Cistern [3] | |
| <input type="checkbox"/> Other (please specify) [6] _____ | |
16. How would you characterize your sprinkling system? *(Please check all that apply.)* [0/1]
- No sprinkling system (only check this if none of the below apply)
 - In-ground sprinkler system - front yard
 - In-ground sprinkler system - back yard
 - Drip irrigation or bubbler system
 - Soaker hose
 - Garden hose with sprinkler attached
 - Hand-held garden hose with or without a nozzle
 - Other (please specify) _____

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17. If there is an in-ground sprinkler system in the front yard, how is it usually operated?
- No in-ground sprinkler system in front yard [0]
 - Turn on each valve by hand [1]
 - Automatic time clock/controller [2]
 - Don't know [99]
18. If there is an in-ground sprinkler system in the back yard, how is it usually operated?
- No in-ground sprinkler system in back yard [0]
 - Turn on each valve by hand [1]
 - Automatic time clock/controller [2]
 - Don't know [99]
19. If you have an in-ground sprinkler system controlled by an automatic time clock, does the system also have an override shut-off device such as a soil moisture sensor or rain sensor?
- No in-ground sprinkler system or automatic clock/controller present [0]
 - No override shut-off device [1]
 - Yes, soil moisture sensor installed [2]
 - Yes, rain sensor installed [3]
 - Yes, both soil moisture sensor and rain sensor installed [4]
 - Don't know [99]
20. On a scale of 1 to 5, with 5 being best, please judge the overall appearance and level of care and maintenance provided your landscape.
- _____ Score for entire landscape
21. On average, how often are cars washed at home?
- | | | |
|---|--|--|
| <input type="checkbox"/> Never [0] | <input type="checkbox"/> Once a month [2] | <input type="checkbox"/> Once a week [4] |
| <input type="checkbox"/> Less than once a month [1] | <input type="checkbox"/> Twice a month [3] | <input type="checkbox"/> More than once a week [5] |
| | | <input type="checkbox"/> Don't know [99] |
22. On average, how often is a hose used to clean the sidewalks or driveways around your residence?
- | | | |
|---|--|--|
| <input type="checkbox"/> Never [0] | <input type="checkbox"/> Once a month [2] | <input type="checkbox"/> Once a week [4] |
| <input type="checkbox"/> Less than once a month [1] | <input type="checkbox"/> Twice a month [3] | <input type="checkbox"/> More than once a week [5] |
| | | <input type="checkbox"/> Don't know [99] |
23. If your home has a swimming pool, please estimate the pool dimensions in feet.
- No swimming pool [0] _____ Length _____ Width _____ Average depth
24. On a scale of 1 to 5, with 5 being "most important", how important do you believe it is for everyone in your community to conserve water on a regular basis?
- _____ Score

25. In the last several years, has your household taken any action to conserve water?

No

Yes

Don't know

25a. If yes, what types of action have you taken to conserve water? (Please check all that apply.) (0/1)

Take shorter showers

Washing car less often

Installed low-flow showerheads

Water lawn and shrubs less often

Installed water savers (inserts) in toilet

Water lawn and shrubs at night

Installed ultra-low-flush toilet

Install low-water-use landscaping

Use garbage disposal less often

Changed run-times on automatic sprinklers

Use dishwasher less/use fuller loads

Installed water efficient irrigation system

Use washing machine less/use fuller loads

Cycle irrigate lawns (e.g., 5 min. on, ½ hour off, repeated several times or similar cycling arrangement)

Repaired leaks in faucet/toilet

Use greywater/reuse household water

Had a home water audit done

Other (please specify) _____

26. At the present time, would you say that your community is experiencing:

No drought (0)

Moderate drought (2)

Mild drought (1)

Severe drought (3)

Don't know (99)

Now, we would like to ask you a few questions about your house and household characteristics. Again, note this information will be kept confidential and will be only used for statistical purposes.

27. Please indicate the type of residence you live in.

Single-family detached house (1)

Single-family detached house with separate detached apartment (2)

Single-family detached house with separate attached apartment unit (3)

Duplex (4)

Triplex (5)

Townhouse (6)

Attached apartment (7)

Mobile home (8)

Other (please specify) (9) _____

28. Does your residence have two water meters - one to measure inside use and the other for measuring outside use?

No

Yes

Don't know

29. Is your household responsible for paying the water bill or is it paid by a landlord or homeowners' association?

Household pays (1)

Landlord/homeowner's association (2)

Don't know (99)

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30. How many people reside full-time at this address during the winter months of the year (generally December - February)? (Enter the number of individuals in each age group.) [0 or #]
- _____ Adults (18+) _____ Teenagers (13 - 17) _____ Children (under 13)
31. How many people reside full-time at this address during the summer months of the year (generally June - August)? (Enter the number of individuals in each age group.) [0 or #]
- _____ Adults (18+) _____ Teenagers (13 - 17) _____ Children (under 13)
32. What number of adults living at the residence are employed full-time **OUTSIDE** the home?
- 0 1 2 3 4 5 or more
33. Approximately, what year was your residence built?
- Before 1960 [1] 1975 - 1979 [4] 1990 - 1992 [7]
 1960 - 1969 [2] 1980 - 1984 [5] 1993 - 1994 [8]
 1970 - 1974 [3] 1985 - 1989 [6] Since 1994 [9]
 Don't know [99]
34. In what year did you move to your current address? _____ year
35. Please give your best estimate of the total number of square feet of living space in your home (including enclosed garage area).
- Less than 800 sq. ft. [1] 1800 - 1999 sq. ft. [7] 3000 - 3199 sq. ft. [13]
 800 - 999 sq. ft. [2] 2000 - 2199 sq. ft. [8] 3200 - 3399 sq. ft. [14]
 1000 - 1199 sq. ft. [3] 2200 - 2399 sq. ft. [9] 3400 - 3599 sq. ft. [15]
 1200 - 1399 sq. ft. [4] 2400 - 2599 sq. ft. [10] 3600 - 3799 sq. ft. [16]
 1400 - 1599 sq. ft. [5] 2600 - 2799 sq. ft. [11] More than 3,800 sq. ft. [17]
 1600 - 1799 sq. ft. [6] 2800 - 2999 sq. ft. [12] Don't know [99]
36. How many floors of living space are in your home (including a finished basement area)?
- 1 2 3 or more
37. Do you rent or own your residence? Rent [0] Own [1]
38. If you rent your home, what is your monthly rent payment?
- Do not rent [0] \$700 - 799/month [6] \$1750 - 1999/month [12]
 Less than \$300/month [1] \$800 - 899/month [7] \$2000 - 2249/month [13]
 \$300 - 399/month [2] \$900 - 999/month [8] \$2500/month or more [14]
 \$400 - 499/month [3] \$1000 - 1249/month [9]
 \$500 - 599/month [4] \$1250 - 1499/month [10]
 \$600 - 699/month [5] \$1500 - 1749/month [11] Don't know [99]

39. If you own your home, what is the approximate market value of your home?

- | | | |
|--|---|---|
| <input type="checkbox"/> Do not own [0] | <input type="checkbox"/> \$150,000 - 174,999 [7] | <input type="checkbox"/> \$350,000 - 399,999 [14] |
| <input type="checkbox"/> Less than \$25,000 [1] | <input type="checkbox"/> \$175,000 - 199,999 [8] | <input type="checkbox"/> \$400,000 - 449,000 [15] |
| <input type="checkbox"/> \$25,000 - 49,000 [2] | <input type="checkbox"/> \$200,000 - 224,999 [9] | <input type="checkbox"/> \$450,000 - 499,000 [16] |
| <input type="checkbox"/> \$50,000 - 74,999 [3] | <input type="checkbox"/> \$225,000 - 249,999 [10] | <input type="checkbox"/> \$500,000 - 749,000 [17] |
| <input type="checkbox"/> \$75,000 - 99,999 [4] | <input type="checkbox"/> \$250,000 - 274,999 [11] | <input type="checkbox"/> \$750,000 - 999,999 [18] |
| <input type="checkbox"/> \$100,000 - 124,999 [5] | <input type="checkbox"/> \$275,000 - 299,999 [12] | <input type="checkbox"/> \$1,000,000 or more [19] |
| <input type="checkbox"/> \$125,000 - 149,999 [6] | <input type="checkbox"/> \$300,000 - 349,999 [13] | <input type="checkbox"/> Don't know [99] |

40. What is the last grade of formal education the primary wage earner has completed? (*Check one category only*)

- | | |
|--|--|
| <input type="checkbox"/> Less than High School [1] | <input type="checkbox"/> Bachelor's degree [4] |
| <input type="checkbox"/> High School graduate [2] | <input type="checkbox"/> Master's degree [5] |
| <input type="checkbox"/> Some College [3] | <input type="checkbox"/> Doctoral degree [6] |

41. What is your gross annual household income?

- | | | |
|---|---|---|
| <input type="checkbox"/> Less than \$10,000 [1] | <input type="checkbox"/> \$ 70,000 - 79,999 [8] | <input type="checkbox"/> \$140,000 - 149,999 [15] |
| <input type="checkbox"/> \$ 10,000 - 19,999 [2] | <input type="checkbox"/> \$ 80,000 - 89,999 [9] | <input type="checkbox"/> \$150,000 - 159,999 [16] |
| <input type="checkbox"/> \$ 20,000 - 29,999 [3] | <input type="checkbox"/> \$ 90,000 - 99,999 [10] | <input type="checkbox"/> \$160,000 - 169,999 [17] |
| <input type="checkbox"/> \$ 30,000 - 39,999 [4] | <input type="checkbox"/> \$100,000 - 109,999 [11] | <input type="checkbox"/> \$170,000 - 179,999 [18] |
| <input type="checkbox"/> \$ 40,000 - 49,999 [5] | <input type="checkbox"/> \$110,000 - 119,999 [12] | <input type="checkbox"/> \$180,000 - 189,999 [19] |
| <input type="checkbox"/> \$ 50,000 - 59,999 [6] | <input type="checkbox"/> \$120,000 - 129,999 [13] | <input type="checkbox"/> \$190,000 - 199,999 [20] |
| <input type="checkbox"/> \$ 60,000 - 69,999 [7] | <input type="checkbox"/> \$130,000 - 139,999 [14] | <input type="checkbox"/> \$200,000 or more [21] |
| | | <input type="checkbox"/> Don't know [99] |

Thank you very much for taking your time to provide this research information. We again wish to assure you that the information you have provided will be kept confidential.

Please use this space for any comments or suggestions you would like to include regarding the topics of this questionnaire. Your ideas will help us serve you better in the future.

COMMENTS?

PLEASE SEE BACK OF THIS PAGE FOR INSTRUCTIONS ABOUT RETURNING THIS QUESTIONNAIRE.

Your Answers are Important to us! Please Continue.

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When you have completed the survey, please fold along the lines indicated on this page and staple shut with a single staple or seal shut with a single tab of tape. Please be sure the address shows and then mail the survey to the return address shown below. Thank you.

Fold Line

(Water Utility's
Return Address
goes here)

ATTN: (Appropriate Name
and Appropriate Title goes here)

Fold Line

FOR UTILITY USE ONLY:

D - 0 4 6 9 2 4

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